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Atty Docket No. 021262-000110US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Linda Mary Krisciunas

Group Art Unit 3623

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Linda Mary Krisciunas

CERTIFICATION OF FACSIMILE TRANSMISSION


I hereby certify that the following documents in re Application of SOTOS, Application No. 10/007,156, filed December 5, 2001 for METHOD AND SYSTEM FOR IDENTIFYING EXPERTISE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal, Fee Transmittal in duplicate for fee processing, Petition for Extension of Time and Amendment.

Number of pages being transmitted, including this page: 16

Dated: August 11, 2006


Peggy Nichols

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0235

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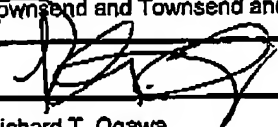
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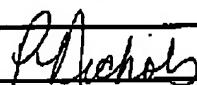
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PTO/SB/21 (02-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/007,156	
	Filing Date	December 5, 2001	
	First Named Inventor	Sotos, John G.	
	Art Unit	3623	
	Examiner Name	Linda Mary Krisciunas	
Total Number of Pages in This Submission	15	Attorney Docket Number	021262-000110US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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Printed name	Richard T. Ogawa		
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